



SACRAMENTO REGIONAL PUBLIC SAFETY TRAINING CENTER
BASIC FIREFIGHTER I ACADEMY
2409 Dean Street, McClellan, CA 95652
<http://www.arc.losrios.edu/~safety>



Dear Academy Applicant,

Thank you for your interest in the Sacramento Regional Public Safety Training Center's (SRPSTC) Basic Firefighter I Academy. Our academy program is certified by the California State Fire Marshal's Office Division of Training (CSFM-SFT).

Carefully read the following pages which will provide you with the information you need to apply for the **Basic Firefighter I Academy, August 21, 2020 through December 18, 2020.**

******Applicants who do not follow the application process and/or meet the application deadline will be disqualified. Please read through everything! ******

For your convenience, a check off sheet for the Basic Firefighter Academy application is provided below.

APPLYING FOR THE 2020 BASIC FIREFIGHTER I ACADEMY

Submit your **completed application packet by 1530 Hours, Friday, July 17, 2020 to:**

CA Fire & Rescue Training Authority
Attn: Administrative Officer of Training
3121 Gold Canal Drive
Rancho Cordova, CA 95670

- *Applicants who submit incomplete packages shall be disqualified from the selection process.*
- *Applicants accepted into the SRPSTC Basic Firefighter Academy shall be notified via email.*

START DATE for FIRE 1500: Basic Firefighter I Academy is August 21, 2020.

After receiving your notification of acceptance, via email, into the Basic Firefighter I Academy, you are required to attend the **MANDATORY Orientation on August 19, 2020.**

Basic Firefighter I Academy Orientation
Monday, August 19, 2020

1630 Hours
2409 Dean Street
McClellan, CA 95652



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REQUIRED DOCUMENTS CHECKLIST

- Basic Firefighter I Academy Non-Affiliate Application

- Non-Affiliate Recruit Questionnaire

- Employment History

- Veterans Benefits

- Health History Statement

- Proof of Medical Insurance (required at the time of application)

- Certification:
 - AHA BLS CPR for Healthcare Provider Certification (or equivalent) (copy)
 - Emergency Medical Technician Certification (copy)

- Proof of valid/unrestricted California Department of Motor Vehicle Driver's License (copy)



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2409 Dean Street
McClellan, CA 95652
(916) 263-0528



BASIC ACADEMY APPLICATION

I am interested in serving with the Sacramento Fire Volunteer Reserve Program.

Name: _____
Last name First Name Middle Initial

Street Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

I HAVE taken the Firefighter Candidate Testing Center (FCTC) Exam within the past 12 months.

My FCTC score is: _____ . Date: _____ .

I HAVE passed the Candidate Physical Ability Test (CPAT) within the past 12 months.

I HAVE a current AHA CPR for the Healthcare Provider certification (or equivalent)

CPR Expiration Date: _____

I HAVE a current Public Safety First Aid/CPR certification.

I HAVE a current NREMT or CA State Emergency Medical Technician Certification.

NREMT/CA EMT # _____ Exp. Date: _____

I HAVE recently completed an approved EMT Training Program but have not taken the National Registry Exam.

EDUCATION:

Please indicate your level of education:

GED

High School Diploma

Some College

Associate Degree

Bachelor Degree

Master Degree

Other (please specify)

**SRPSTC- BASIC FIREFIGHTER I ACADEMY
NON-AFFILIATE RECRUIT QUESTIONNAIRE**

NAME: _____

All YES answers require a detailed explanation on the pages provided.

Explain any YES answer(s). Use an extra sheet of paper if need be for additional explanations.

1. Do you possess a valid California Driver's License? Give a license number.

2. Have you ever received a citation for a moving violation? When? How many?

3. Have you ever been arrested and or convicted of driving under the influence of alcohol or drugs? When? How many?

4. Have you ever been under the influence of alcohol or drugs at work? If yes, please explain.

5. Have you ever been accused of, arrested or convicted of forging, identity theft or altering an application?

6. Have you ever been disciplined or expelled for academic cheating?

7. Have you ever been convicted of any offense classified as a misdemeanor under California Law? If yes, give the date(s) and explain.

8. Have you ever been arrested and/or convicted of a felony as an adult? Include felony/misdemeanor and military offenses. If yes, give date(s) and explain.

9. Have you ever been charged with or found responsible for any acts that have affected your employment status, such as lying, falsification or theft? If yes, please explain.

10. Have you ever been charged with or admitted to any criminal act committed against children, including, but not limited to: molesting or annoying children, child abduction, child abuse, lewd and lascivious act with any child, indecent exposure, or any act of felony unlawful intercourse? If yes, please explain.

11. Have you ever been involuntarily dismissed from a place of employment? If yes, please explain.

12. To your knowledge, is there any warrant out for your arrest? If yes, please explain.

13. Have you ever been subject to a restraining order/emergency protection order/domestic violence restraining order/criminal stay away order? If yes, please explain.

14. Are you under current academic dismissal or probation from any college or university?

15. Have you ever been dismissed from a Fire Academy or other training program for any reason? If yes, please explain.

16. Have you ever been involved or disciplined by an employer (including military) for a verbal/physical altercation with a supervisor, co-worker or customer? If yes, please explain.

17. Have you ever been disciplined by an employer (including military) for acts constituting racism, ethnic or sexual harassment? If yes, please explain.

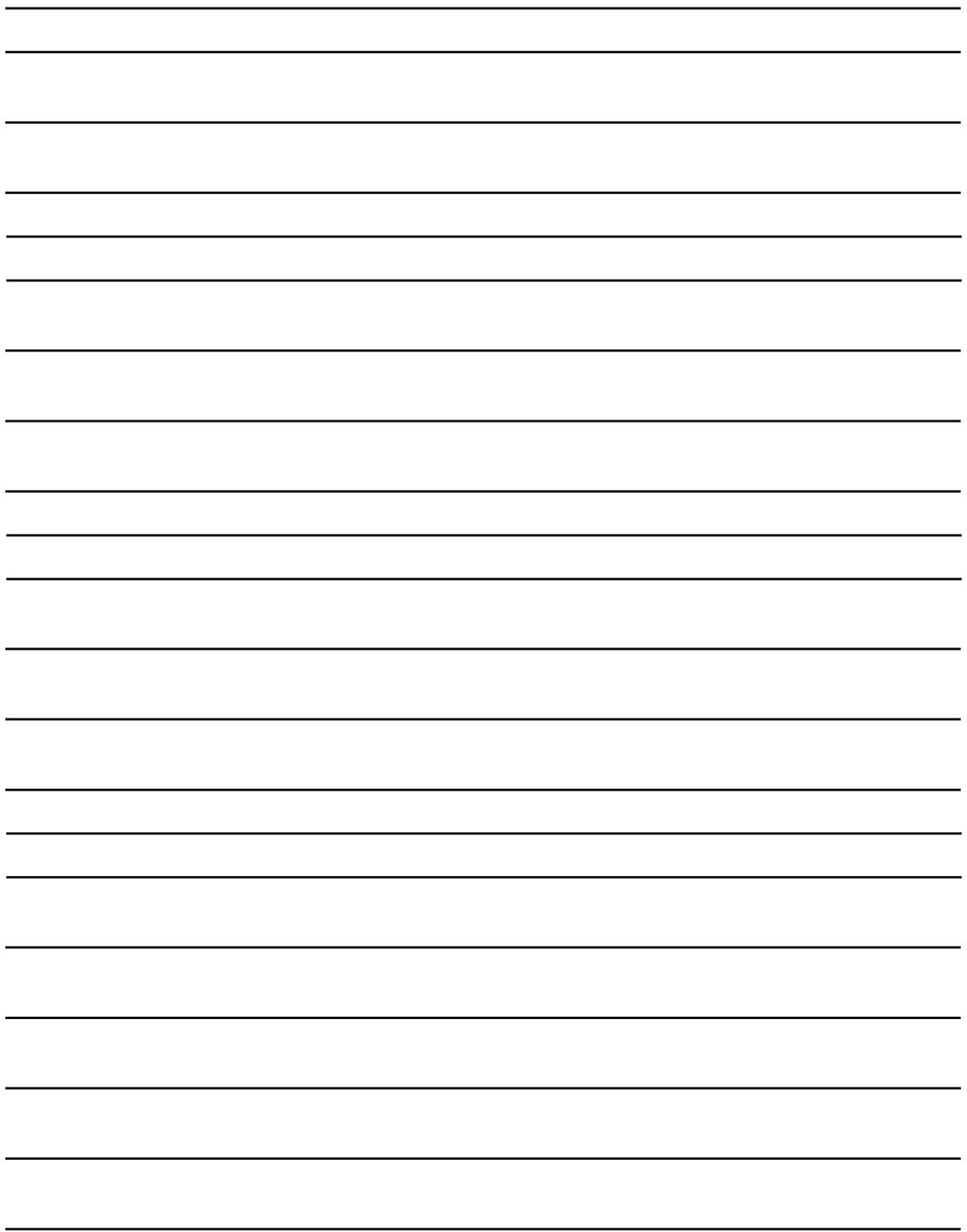
18. Have you ever taken property that belongs to an employer (including military) without permission for personal use, to sell or to give away?

19. Have you ever served in the military? If so, what branch? How many years? Did you receive anything other than an honorable discharge?

By signing below, I attest that I have answered each question truthfully and may be dismissed from the Sacramento Regional Public Safety Training Center's Basic Firefighter I Academy should any deliberate falsehood(s) be discovered.

(Signature)

(Date)



EMPLOYMENT HISTORY

(Last Three Years)

Check this box, if you have never been employed.

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

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Name of Employer: _____

Hire Date: _____(MM/YYYY) End Date: _____(MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____(MM/YYYY) End Date: _____(MM/YYYY)

Job Title: _____

Briefly describe the work you do:

VETERANS BENEFITS

Please check one of the boxes below.

Yes, I will be using Veterans Benefits (VA) for the Basic Firefighter I Academy.

Please indicate what type of VA you have. (For example: Ch 33, Ch 31, and etc.)

No, I will not be using Veterans Benefits for the Basic Firefighter I Academy.

Health History Statement

(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the Basic Firefighter I Academy Physical Conditioning Program. Please fill out the statement carefully and thoroughly. All information will be kept confidential.

Name _____

Birthdate _____

Today's date _____

Please answer all of the following. Circle **YES** or **NO** for each question.

Do you now have, or have you ever had, any of the following:

- | | | | | | |
|------------|-----------|--------------------|------------|-----------|--------------------------|
| YES | NO | Arthritis | YES | NO | High Serum Lipids |
| YES | NO | Asthma | YES | NO | Musculoskeletal Problems |
| YES | NO | Chronic Bronchitis | YES | NO | Neurological Problems |
| YES | NO | Diabetes Mellitus | YES | NO | Heart Murmur |
| YES | NO | Emphysema | YES | NO | Obesity |
| YES | NO | Heart Disease | YES | NO | Stroke |
| YES | NO | Other | | | |

(Specify) _____

Have you ever experienced any of the following? For each condition experienced, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

- | | | | Diagnosed? | | Associated with exercise of physical work? | |
|------------|-----------|----------------------------------|------------|-----------|--|-----------|
| YES | NO | | YES | NO | YES | NO |
| YES | NO | Chest pain | YES | NO | YES | NO |
| YES | NO | Chest pressure | YES | NO | YES | NO |
| YES | NO | Elbow pain/discomfort | YES | NO | YES | NO |
| YES | NO | Wrist pain/discomfort | YES | NO | YES | NO |
| YES | NO | Heart palpitations/skipped beats | YES | NO | YES | NO |

Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

			Abnormalities?	
YES	NO		YES	NO
YES	NO	Exercise stress test	YES	NO
YES	NO	Exercise stress test with isotopes	YES	NO
YES	NO	Echocardiogram	YES	NO
YES	NO	Coronary Angiogram	YES	NO
YES	NO	Holter Monitor	YES	NO

Have you ever smoked cigarettes, cigars or a pipe? YES NO

If "YES," what year did you start? _____

Do you smoke presently? YES NO

If you did, or do, smoke cigarettes, how many per day? _____

If you did, or do, smoke cigars, how many per day? _____

If you did, or do, smoke a pipe, how many pipefuls per day? _____

If you quit smoking, what year did you quit? _____

Did you, or do you, ever drink alcoholic beverages? YES NO

If "YES," what is your intake of these beverages?

	None	Occasional	Often	How many drinks per week?
BEER	_____			
WINE	_____			
HARD LIQUOR	_____			

List any traumatic injuries you have experienced to your bones or soft tissue (include any disabling back problems you have had) and approximate date of the injury.

List any illnesses you have had which required you to take more than one week of sick leave and the approximate date of the illness.

List any operations you have had, including the approximate dates.

List any medications you are now taking (including self-prescribed medications and dietary supplements)

Name of medication	Date started	Dosage	Dosage per day

List any athletic or other physical activities you regularly engage in. Specify for each, the frequency, intensity and duration of your involvement

	ACTIVITY	FREQUENCY	INTENSITY	DURATION
<i>Example</i>	<u><i>Bicycling</i></u>	<u><i>3 times a week</i></u>	<u><i>10 miles</i></u>	<u><i>Past 18 mos.</i></u>

List anything else that you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Health History Statement are accurate and complete.

Signature in full: _____ **Date:** _____



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Dear Academy Recruit:

As part of your basic training you are required to participate in the Basic Firefighter I Academy Physical Conditioning Program and to demonstrate acceptable physical readiness by successfully completing a job-related physical agility test at the conclusion of the physical conditioning program.

The purpose of this letter is to describe the Basic Firefighter I Academy Physical Conditioning Program and advise you that you must obtain appropriate medical clearance before you participate in the program.

The Basic Firefighter I Academy Physical Conditioning Program is designed to develop in you an enhanced level of physical fitness in a manner that will prepare you to perform physically demanding tasks of the fire service profession. Additionally, the program is designed to instill a desire to maintain a high level of fitness throughout your career. To this end, the objectives of the program are to:

- Prepare you to meet minimum physical job task performance standards.
- Sensitize and educate you to the importance of maintaining a lifelong health related personal physical fitness program.
- Provide positive reinforcement and support for maintaining high fitness levels and personal health-related physical fitness programs.

These objectives are achieved by means of a three-fold educational process. First, you will be introduced to the goals and objectives of the physical program, which includes individual assessment and instruction on the principles of physical conditioning. Second, you will participate in a series of conditioning sessions which systematically embrace a wide variety of physical exercise. These activities include neuro-muscular-skeletal development through strength and flexibility exercises, as well as cardio-respiratory enhancement through various aerobic-type involvements. The progression of exercise will be dictated by your "entry fitness level" and the subsequent improvement of your physical condition throughout the training. Third, you will receive numerous hours of classroom instruction on the subjects of: physical fitness as a lifetime pursuit, low back care, nutrition, overweight/obesity, substance abuse, stress management, and self-evaluation.

The actual physical conditioning phase of the program is organized into 60-minute sessions. In most instances, the program will consist of three 60-minute sessions per week. Each is designed to address muscular strength, muscular endurance, cardiovascular endurance, and flexibility. The relative emphasis given to each of these types of conditioning varies from session to session. All exercises within an exercise session are designed to maximize the development of those physical abilities needed to function as a firefighter. A detailed physiological analysis was conducted by physiologists to identify/develop the specific exercises within each session. The analysis was conducted on actual firefighter job task information that was collected from fire service professionals statewide. Thus, great care was taken to ensure that the content of the conditioning program is highly job-related.

It is the design that the focus of the Basic Firefighter I Academy Physical Conditioning Program is to provide physical conditioning training in a manner that is not punitive or mentally stressful, but rather educates and sensitizes trainees to the need for a lifestyle of daily physical activity.



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SHOES

Prior to entering the Academy, you are required to purchase a good pair of running shoes. The type and proper fit of shoes is important for any activity program. Programs such as this which involve a lot of running and jogging require special shoes which have been designed specifically for these activities. These shoes should not fit tightly; and they should have good support at the arch and heel. Ripple, crepe, or waffle shoes are excellent for use on hard surfaces. It is important to remember that good shoes and socks are the best prevention against blisters, soreness, and aching of the feet, ankles, and knees.

MEDICAL CLEARANCE

Prior to participating in the program it is necessary for you to get a medical clearance from your physician. The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the program, and must be obtained at your own expense.

Thank you for your attention and good luck in your pursuit of a fire service career.

Sincerely,

Tim Adams

Basic Firefighter I Academy Director



Basic Firefighter I Academy

- DESCRIPTION:** This 503-hour course provides manipulative and technical training in basic concepts of fire department organization, ropes, knots and hitches, hose and hose handling, ladder evolutions, wildland fires, fire investigation, fire prevention, salvage operations, fire department apparatus, tools and equipment, breathing apparatus, how to prepare yourself for a career in the fire service, extinguishers, personal protective equipment, communications, hazardous materials, confined space awareness, FF safety and survival, emergency care, forced entry and physical fitness training is provided as part of our program.
- DATES & TIMES:** **Starts Friday, August 21, 2020-December 18, 2020.**
***Mandatory Orientation Scheduled for Wednesday, August 19, 2020 at 1630**
Part-Time Schedule ~ 503 hours
Monday, Wednesday, Friday. 6:30 a.m.-5:00 p.m.
Course hours may also be scheduled on Tuesdays or Thursdays to meet training specifications.
- LOCATION:** Sacramento Fire Division of Training
2409 Dean Street, McClellan, CA 95652
- FEES:**
- | | |
|--------------------------------------|---|
| ○ ARC Enrollment Fees | \$667.00 (\$46/unit @ 14.5 units) |
| ○ Student Materials & Certifications | \$739.30 |
| ○ SCBA Rental Fee | \$480.00 (Paid directly to SCBA Vendor) |
| ○ PPE Rental/Purchase Fee | \$799.39 (Paid directly to PPE Rental Vendor) |
| ○ Uniform Package | \$245.00 (Paid directly to Uniform Vendor) |
| ○ PT Gear Uniform Package | \$120.00 (Paid directly to Uniform Vendor) |
| *Total Fees: | \$3,050.69 |
- *All fees subject to change*
- PREREQUISITES:** Applicant must be at least 18 years old. Must be a high school graduate or equivalent and have an EMT Certification and valid Driver's License. Applicants must participate in and pass an Oral Interview, Written Exam, and Physical Agility Test.
Proof of passing FCTC Written Exam and CPAT within last 12 months will satisfy Written Exam and Physical Agility Test requirement.
- CREDIT:** One semester (approximately 14.5 units) through American River College.
- ENROLLMENT:** Applicants may download a printable version of the application packet from our [web site \(http://www.fireandrescuetraining.ca.gov/apply-for-fire-academy.aspx\)](http://www.fireandrescuetraining.ca.gov/apply-for-fire-academy.aspx) and turn in the completed packet as specified within the application packet. Once the academy has received and reviewed all submissions, an academy staff member will contact each applicant with information regarding the mandatory entrance testing and academy orientation
- CERTIFICATION:** Includes: California OSFM Firefighter I, Basic ICS: I-100, I-700, Confined Space Awareness, Fire Control 3, Firefighter Survival, Haz-Mat (FRO, Decon, WMD).

For Assistance, please contact
Basic Firefighter I Academy Director
916-767-2380 or tadams@sfd.cityofsacramento.org